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ABSTRACT

The goal of the Disabled Infants Project was to develop and implement a plan for updating child protective services in Texas to assure the protection of infants as required by the Child Abuse Amendments of 1984. As a result of the project, the Texas Department of Human Services has in place both policy and mechanisms which guide and enable response to reports of medical neglect of disabled infants with life-threatening conditions. Additionally, the project (1) determined that necessary laws and rules were in place, (2) utilized regional liaisons to ensure that all direct delivery child protective services staff were familiar with the procedures for handling reports alleging medical neglect of disabled, at-risk infants, (3) provided staff training on "Baby Doe" regulations, (4) obtained names from hospitals for contact regarding complaints about the withholding of medical treatment, (5) shared with hospitals the department's written procedures for conducting investigations of allegations of medical neglect, (6) answered inquiries about the regulations from hospital administrators, and (7) served as a catalyst for the development of four medical neglect demonstration projects. No cases involving allegations against medical professionals were reported during the project year. (RH)

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Innovations in Protective Services

P.L. 93-247 Grant Award #06C23-10

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FINAL REPORTS:

Disabled Infants Project

and

Training & Technical Assistance Project

PS 016253

September 30, 1986

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The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

Final Reports:

DISABLED INFANTS PROJECT

and

TRAINING AND TECHNICAL ASSISTANCE PROJECT

September 1, 1985, through August 31, 1986

September 30, 1986

Written by
Joe G. Flores, Jr., M.S.S.W.

Submitted by
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Protective Services for Families and Children Branch
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GENERAL INTRODUCTION

BACKGROUND AND PURPOSE

Grants to support activities under P.L. 93-247, as amended, are separated into three parts. Part I is the Basic State Grant, Part II is the Medical Neglect State Grant, and Part III is the Training and Technical Assistance State Grant. This volume contains reports on projects funded under Part II and Part III.

In the past year, the Texas Department of Human Services (DHS) conducted the Disabled Infants Project under Part II (Medical Neglect State Grant) and the Training and Technical Assistance Project under Part III (Training and Technical Assistance State Grant). Both projects were managed by the Protective Services for Families and Children (PSFC) Branch at DHS's headquarters in Austin.

PROJECT GOALS

The goals of the two projects, funded by the Child Abuse Prevention and Treatment Act (Public Law 93-247, as amended), were as follows:

- developing and implementing a plan for updating Texas CPS procedures and programs to provide for the protection of infants as required by the Child Abuse Amendments of 1984; and

- developing and implementing a training, education, and information program for the purpose of improving the provision of services to disabled infants with life-threatening conditions.

FOR MORE INFORMATION

The two final reports may be obtained by contacting--

Texas Department of Human Services
Office of Strategic Management, Research, and Development
P.O. Box 2960--Mail Code 234-E
Austin, Texas 78769
Telephone Number (512) 450-3646

P.L. 93-247 State Grant, Part II

DISABLED INFANTS PROJECT

ACKNOWLEDGMENTS

The Texas Department of Human Services (DHS) wishes to acknowledge the contributions of a number of people who helped plan, start, and operate the Disabled Infants Project and who contributed to the preparation of project reports.

Mary Jane McCarty, program specialist with the Protective Services for Families and Children (PSFC) Branch at headquarters in Austin was responsible for developing and coordinating the project. Special appreciation is accorded to the regional liaisons who helped implement the project statewide.

From the Office of Strategic Management, Research, and Development (SMRD), Barbara K. Richardson wrote the original grant proposal, Yvette Stallworth and Joe G. Flores, Jr., prepared the process evaluation and wrote reports to funding sources. Nicholas Constant, Phyllis Jamar, and Peggy Borgfeld contributed to the good quality of project documents.

EXECUTIVE SUMMARY

Introduction

As a condition for receiving state grants under the Child Abuse and Treatment Act, P.L. 93-247 as amended, states were required to establish programs and/or procedures in the child protective service (CPS) system to respond to reports of medical neglect of disabled infants with life-threatening conditions. Funds were appropriated to help states comply.

The Disabled Infants Project was a mechanism to develop policy and programs to meet the requirements of the Act. This final report, a process evaluation, describes the accomplishments of the project in meeting its goal.

Project Goal

The goal of the Disabled Infants Project was to develop and implement a plan for updating Texas CPS procedures and programs to provide for the protection of infants as required by the Child Abuse Amendments of 1984.

Project Accomplishments

As a result of this project, DHS has in place policy and mechanisms to respond to reports of medical neglect of disabled infants who have life-threatening conditions. The project accomplished the following:

- o completed review of existing policies and procedures, rules, and state laws and determined that necessary laws and rules were already in place;

- o developed and implemented new policy to meet the requirements of the Act, through PSA Memorandum No. 85-83;

- o utilized regional liaisons to ensure that all direct delivery CPS staff were familiar with the procedures for handling reports alleging medical neglect of disabled infants with life-threatening conditions;

- o provided DHS staff training on "Baby Doe" regulations;

- o obtained from hospitals names of persons for DHS staff to contact regarding complaints about witholding medical treatment;

- o shared with hospitals DHS's written procedures for conducting investigations of allegations of medical neglect;

- o answered inquiries about the regulations from hospital administrators; and

- o served as a catalyst for the development of four medical neglect demonstration projects.

In addition, DHS has developed four medical neglect demonstration projects that will test models for (1) providing public information and education programs, (2) demonstrating a medical school child abuse and neglect elective for residents and providing educational opportunities for physicians, (3) conducting a statewide conference focusing on mutidisciplinary programs and law, and (4) providing training and support services to birth parents and foster parents of infants and children who have disabling conditions and assisting these birth parents to access social and financial resources.

Reports Alleging Medical Neglect

No cases involving allegations against medical professionals were reported during the project year.

DISABLED INFANTS PROJECT

INTRODUCTION

As a condition for receiving state grants under the Child Abuse and Treatment Act, P.L. 93-247 as amended, states were required to establish programs and/or procedures in the child protective services (CPS) system to respond to reports of medical neglect of disabled infants with life-threatening conditions. Funds were appropriated to help states comply.

The development of policy and procedural guidelines in the Texas CPS system is the responsibility of the Protective Services for Families and Children (PSFC) Branch, Office of Services to Families and Children, in the state (central) office of DHS. The Disabled Infants Project was a vehicle to develop policy and programs to meet the requirements of the Act. The project was coordinated by PSFC and implemented statewide with the assistance of DHS's 12 regions.

GOAL AND OBJECTIVES

The goal of the Disabled Infants Project was to develop and implement a plan for updating Texas CPS procedures and programs to provide for the protection of infants as required by the Child Abuse Amendments of 1984.

To accomplish this goal, four objectives were set.

1. To review and finalize DHS's existing procedures and programs for compliance with the Act relating to--

    - o response to reports,
    - o coordination and consultation,
    - o notification by designated health care personnel,
    - o authority to pursue legal remedies,

- o access to medical records, and
- o court authority for independent medical examinations.

2. To develop a plan for updating current or existing procedures to meet the new requirements of the Act.

3. To have mechanisms in place for meeting the new requirements of the Act by October 9, 1985.

4. To put into effect mechanisms for meeting the new requirements of the Act.

ACCOMPLISHMENTS

Policy Review, Implementation, and Modification

DHS reviewed existing policies and procedures, rules, and state laws and determined that necessary laws and rules were already in place. Applicable laws and rules were found in Section 34.05(c) of the Texas Family Code and in DHS rules and policies contained in Section 1500 of the CPS Handbook, which defines neglect.

New policy and procedures, detailed in Protective Services Action (PSA) Memorandum No. 85-83 (see Appendix A) were developed for implementing the mandate of the Act.

No modifications to PSA Memorandum No. 85-83 were needed.

Mechanisms for Meeting the Requirements of the Act

PSA Memorandum No. 85-83. The purpose of the memorandum was to provide regional CPS staff with written procedures for handling reports alleging medical neglect of disabled infants with life-threatening conditions. A copy of the memorandum was sent to each regional director, program director, and all front-line supervisory units.

Regional Liaisons. Each region designated a regional liaison, who was a person at the supervisory level or above position. The regional liaison served as the regional contact person on "Baby Doe" regulations and provided guidance to regional CPS staff regarding PSA Memorandum No. 85-83. The regional liaisons were instrumental in ensuring that all direct delivery CPS staff were familiar with the procedures for handling reports alleging medical neglect of disabled infants with life-threatening conditions as described in the memorandum.

DHS Staff Training. The DHS regional liaison and one other staff person from each region as well as staff from PSFC and SMRD in state office attended training on June 24-25, 1986, in Austin. The "Baby Doe" training provided participants with information on the following topics: history of the "Baby Doe" regulations; common disabling conditions of newborns and infants; and medical ethics and decision making processes.

Letters to Hospitals. A listing of all Texas hospitals was obtained. Letters were mailed to 566 hospitals requesting the names of persons for DHS staff to contact regarding complaints about withholding medical treatment and including DHS's written procedures for conducting investigations of allegations of medical neglect. A copy of the letter and enclosure is in Appendix B. Responses were received from most of the hospitals, and the contact names are kept on file at DHS's Child Abuse Hotline.

Hospital Inquiries about Regulations. PSFC state office staff received several inquiries about the "Baby Doe" regulations as a result of the letters to the hospitals. Staff were able to answer all questions and established positive working relationships with many medical professionals, particularly those associated with the medical schools.

Medical Neglect Projects for Meeting the Requirements of the Act

The Disabled Infants Project has been the catalyst for the development of four medical neglect projects: the Medical

Neglect Community Liaison Project; Medical School Child Abuse and Neglect Elective for Residents Project; Multidisciplinary Conference Project; and the Disabled Children's Project. By combining Part II medical neglect funds with other P.L.93-247 funds, DHS has been able to develop these demonstration projects that will provide equal protection for all children, including infants, and will provide services in a cost-effective manner. Planning and start-up activities for these projects began in July 1986 and included obligation of Part II medical neglect funds for both FY 86 and FY 87. Some start-up activities (e.g. staff hiring) have been thwarted by the state's current financial crisis. However, the projects are expected to be in full operation by October.

Medical Neglect Community Liaison Project. This project will improve procedures and programs for responding to reports of medical neglect and will develop and implement a public information and education program that provides consistent procedures and methods for reporting medical neglect and DHS service capacity.

Medical School Child Abuse and Neglect Elective for Residents Project. The project's overall goal is to protect infants and children by increasing physician reporting of child abuse and neglect through the development and demonstration of a medical school child abuse and neglect elective for residents and the provision of educational opportunities for physicians.

Multidisciplinary Conference Project. The project will hold a statewide conference focusing on the multidisciplinary programs and statutory basis for the identification, reporting, investigation, assessment, and legal remedies in known or suspected instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions.

Disabled Children's Project. The project presents a model designed to (1) provide training and support services to birth parents and foster parents of infants and children who have disabling conditions and to (2) assist these birth

parents to access social and financial resources available for infants and children who have disabling conditions.

Reports Alleging Medical Neglect

No cases involving allegations against medical professionals were reported. One case involving an allegation against a parent was received. The child was treated under court order and presently remains in foster care.

ISSUES AND PROBLEMS

Funding

Federal law, regulations, and funding have separated medical neglect of disabled children from the basic child abuse and neglect prevention and treatment regulations and funding. Implementation of the regulations and use of supporting funds separately from the state's other protective service responsibilities is neither cost-effective nor practical. Limiting medical neglect prevention efforts and protective services to one group of children (disabled infants) is not equitable. Even though medical treatment is provided to disabled infants with life-threatening conditions, these conditions or illnesses usually continue throughout infancy, childhood, adolescence, or for as long as the child survives. Consequently, in order to provide equal protection for all children, projects relating to medical neglect included medical neglect of a child of any age by any person responsible for the child's care. In its efforts to provide services in the most practical and cost-effective manner within the spirit of the law and regulations, DHS has been careful to follow the instructions for separate applications and accountability for use of medical neglect grant funds.

Start-up Activities Thwarted

Planning and start-up activities for the medical neglect projects began in July 1986 and included obligation of Part II medical neglect funds for both FY 86 and FY 87. Some

start-up activities (e.g. staff hiring) have been thwarted by the state's current financial crisis. However, the projects are expected to be in full operation by October.

SUMMARY

The Disabled Infants Project was able to meets its goal of developing and implementing Texas CPS procedures and programs to provide for the protection of infants as required by the Child Abuse Amendments of 1984. As a result of this project, DHS has in place policy and mechanisms to respond to reports of medical neglect of disabled infants who have life-threatening conditions. The project accomplished the following:

- o completed review of existing policies and procedures, rules, and state laws and determined that necessary laws and rules were already in place;
- o developed and implemented new policy to meet the requirements of the Act, through PSA Memorandum No. 85-83;
- o utilized regional liaisons to ensure that all direct delivery CPS staff were familiar with the procedures for handling reports alleging medical neglect of disabled infants with life-threatening conditions;
- o provided DHS staff training on "Baby Doe" regulations;
- o obtained from hospitals names of persons for DHS staff to contact regarding complaints about withholding medical treatment;
- o shared with hospitals DHS's written procedures for conducting investigations of allegations of medical neglect;
- o answered inquiries about the regulations from hospital administrators; and

- o served as a catalyst for the development of four medical neglect demonstration projects.

No cases involving allegations against medical professionals were reported during the project year.

In addition, DHS has developed four medical neglect demonstration projects that will test models for (1) providing public information and education programs, (2) demonstrating a medical school child abuse and neglect elective for residents and providing educational opportunities for physicians, (3) conducting a statewide conference focusing on the mutidisciplinary programs and law, and (4) providing training and support services to birth parents and foster parents of infants and children who have disabling conditions and assisting these birth parents to access social and financial resources.

P.L. 93-247 State Grant, Part III

TRAINING AND TECHNICAL ASSISTANCE PROJECT

ACKNOWLEDGMENTS

The Texas Department of Human Services (DHS) wishes to acknowledge the contribution of a number of people who helped plan, start, and operate the Training and Technical Assistance Project and who contributed to the preparation of project reports.

Mary Jane McCarty, program specialist with the Protective Services for Families and Children (PSFC) Branch at headquarters in Austin was responsible for developing and coordinating the project. Special appreciation is accorded to Joseph Warshaw, M.D., chairman of Pediatrics for the University of Texas Health Science Center at Dallas, and Tom Murray, Ph. D., associate professor with the Institute for Medical Humanities at the University of Texas Medical Branch in Galveston, for their participation in the DHS "Baby Doe" training.

From the Office of Strategic Management, Research, and Development (SMRD), Barbara K. Richardson wrote the original grant proposal. Yvette Stallworth and Joe G. Flores, Jr., prepared the process evaluation and wrote reports to funding sources. Nicholas Constant, Phyllis Jamar, and Peggy Borgfeld contributed to the good quality of project documents.

TRAINING AND TECHNICAL ASSISTANCE PROJECT

INTRODUCTION

As a result of amendments in 1984 to the Child Abuse Prevention and Treatment Act, P.L. 93-247, funds were appropriated to assist states in providing training and technical assistance to a broad range of child protective services, medical, and legal personnel involved in the protection of disabled infants.

The Training and Technical Assistance Project was coordinated by the Protective Services for Families and Children (PSFC) Branch, Office of Services to Families and Children, DHS state office. This final report, a process evaluation, describes the accomplishments of the project in meeting its goal.

GOAL AND OBJECTIVES

The Texas Department of Human Services (DHS) used the funds allocated to Texas to develop and implement a training, education, and information program for the purpose of improving the provision of services to disabled infants with life-threatening conditions. To accomplish this goal, two objectives were established.

1. To hold a statewide conference focusing on the multidisciplinary programs and statutory basis for identification, reporting, investigation, assessment, and legal remedies in known or suspected instances of withholding medically indicated treatment from disabled infants with life-threatening conditions.

2. To develop and implement training for DHS staff designated as contact person for activities relating to the protection of disabled infants. The training will include a multidisciplinary approach to investigation and assessment in reported cases of withholding medical treatment.

ACCOMPLISHMENTS

Statewide Conference

DHS staff identified medical facilities with tertiary neonatal units and obtained the names of chiefs of staff, hospital administrators, and directors of the neonatal care units. Contact persons were identified in law, social work, medical, and nursing schools as well as individuals from the medical, legal, and social work professions who expressed interest in the regulations. This information was used for the purpose of consultation about conference needs and will be used to inform interested groups about the conference.

Meetings with The University of Texas at Austin Nursing School and The University of Texas at Arlington (UTA) Human Resource Center were held to see which school would be best to conduct the statewide conference on "Baby Doe". DHS decided to use UTA and entered into an interagency agreement (see Appendix C for a copy of the interagency agreement). UTA will be responsible for planning, coordinating, and handling all conference logistics and activities, including leading a planning committee; contracting with speakers, hotel, and services for computer data processing of mailing lists/labels; and arranging for brochures, conference materials, registration, and all other conference logistics. The conference will be held November 7-8, 1986, in Irving, Texas.

DHS has obtained commitments of co-sponsorship for the statewide conference from the Texas Medical Association, Texas Hospital Association, Texas Perinatal Assocation, and the Texas Nurses Association.

DHS Staff Training

On June 24-25, 1986, in Austin, a "Baby Doe" training session was conducted. All DHS regional liaisons for disabled infants and one other person from each region as well as staff from PSFC and SMRD in state office attended the training. The "Baby Doe" training provided participants with information on the following topics: history of the "Baby

Doe" regulations; common disabling conditions of newborns and infants; and medical ethics and decision-making processes (see Appendix D for the agenda).

Presenters for the training were Mary Jane McCarty, PSFC specialist on "Baby Doe" regulations; Joseph Warshaw, M.D., chairman of pediatrics for the University of Texas Health Science Center at Dallas (previously associated with Harvard, Yale, and Oxford universities); and Tom Murray, Ph.D., associate professor with the Institute for Medical Humanities at the University of Texas Medical Branch in Galveston. The training was very well received judging from participant evaluations.

ISSUES AND PROBLEMS

Because of questions about using an interagency planning committee to provide consultation on conference content, the statewide conference was delayed until November 7-8, 1986.

SUMMARY

The Training and Technical Assistance Project used the funds allocated to develop and implement two major training events: (1) a statewide conference to be held November 7-8, 1986, and (2) "Baby Doe" training conducted June 24-25, 1986. The statewide conference is expected to be as successful as was the "Baby Doe" training.

APPENDIX A

Protective Services Action
Memorandum No. 85-83

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Written Procedures for Handling Reports Alleging Medical Neglect of Disabled Children With Life Threatening Conditions

TO: Regional Directors for Families and Children Services

FROM: James C. Marquart
Assistant Commissioner
Protective Services for Families and Children Branch
State Office 536-W

DATE: October 9, 1985

PSA No. 85-83

The purpose of this memorandum is to provide you with written procedures for handling reports alleging medical neglect of disabled children with life threatening conditions. The Department is required to have these written procedures in order to comply with federal regulations, which commonly have been referred to as the "Baby Doe regulations". At this time, we are requesting that you do the following:

1. Designate a regional contact person at the supervisory level or above. It will be at each region's discretion as to how the regional contact person may be used for case coordination and/or consultation. As soon as we receive notice from the Department of Health and Human Services that grant funds have been awarded for implementation of these regulations, we will be scheduling a training session for the regional coordinators. Please submit the name of your regional contact person as soon as you have made this selection, but no later than October 31, 1985.

2. Insure that all direct delivery CPS staff are familiar with the procedures for handling reports alleging medical neglect of disabled children with life threatening conditions as are described below, and who is the regional contact person and what is their regionally defined role. For your convenience, we are sending copies of this memorandum to all Child Protective Program Directors and Supervisors.

Procedures for Handling Reports Alleging Medical Neglect of Disabled Children with Life Threatening Conditions

A. Reports Not Involving Allegations Against the Medical Facility or Personnel

If the Department receives a report alleging medical neglect by parents or other similar caretakers, but there are no allegations against the medical facility or medical personnel, the investigation must be conducted in compliance with all rules and management policies contained in the 2000 Section of the CPS Handbook. No special procedures are required for the investigation of these reports.

B. Reports Involving Allegations Against the Medical Facility or Personnel

As defined by federal regulations (45 CFR, Subpart A, Section 1340.15), medical neglect includes the withholding of medically indicated treatment, including the failure to respond to life threatening conditions by providing treatment (including appropriate nutrition, hydration and medication) which, in the treating physician's reasonable medical judgement, will be most likely to be effective in ameliorating or correcting all such conditions. Medical neglect does not include the failure to provide treatment (other than appropriate nutrition, hydration or medication) if:

1. The child is chronically or irreversibly comatose .

2. The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child's life threatening conditions, or otherwise be futile in terms of the survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

If the Department receives a report alleging medical neglect consistent with the above definition and involving allegations against the medical facility or medical personnel, the focus of the investigation is to make sure that the parents or other caretakers authorized to consent to medical treatment have been provided with all reasonably available information regarding possible medical treatment or resources for the child.

In addition to all other investigation requirements contained in Section 2000 for the CPS Handbook, if the Department receives a report that involves allegations against medical personnel, the following procedures must be followed:

1. Notify by telephone within one working day, the Protective Services for Families and Children Branch, in State Office of any report involving allegations of medical neglect against a medical facility or personnel. At the end of the investigation, submit by mail a copy of the intake and investigation narrative.

2. Contact the Child Abuse Hotline to determine if the medical facility has provided the Department with the name, title and telephone number of a designated contact person for such cases.

3. Contact the designated contact person for the medical facility in order to coordinate the investigation. If the medical facility has not designated a contact person, coordination contacts must be made with the Hospital Administrator and Chief of Staff.

4. Determine if the facility has an Infant Care Review Committee or similar committee set up to review ethical decision making regarding medical treatment. If the facility has such a committee, request that the committee review the child's circumstances.

5. Request that the facility allow access to medical records and/or other pertinent information if such access appears necessary to assure an appropriate investigation. Access to medical records may be sought by requesting the parents to authorize the release of records.

6. If an independent medical examination appears necessary to assure an appropriate resolution of a report of medical neglect, staff must determine whether an independent medical opinion is available. Resources for payment of such an examination include the parents (directly or through insurance), medical schools or other community medical resources, county funds or Title IV-B funds. Staff may obtain the authority for an independent medical examination by seeking a court order under Section 34.05(c) of the Texas Family Code.

7. If legal proceedings appear necessary to prevent the withholding of medically indicated treatment, rules and policies contained in Section 5000 of the CPS Handbook must be followed.

State Office staff are available for consultation in regard to any of the above procedures and for individual cases. We will be discussing the federal regulations and these procedures with various medical and legal groups.

Please let us know any difficulties that you may have with these procedures or cases.

Thank you.

James C. Marquart

JCM:MJM:am

Action Required: Designate Regional Contact Persons; Insure all CPS staff are familiar with these procedures.
Inquiries: Mary Jane McCarty (512) 450-3304 or (3TS) 887-3304

cc: Regional Administrators
Regional Attorneys
Fairy Rutland
M. J. Raymond
Thomas Owens
Jan Huber
David A. Brock

CPS Program Directors & Supervisors
J. B. McReynolds
Martin Dukler
Bennie Stasny
John Laser
Diane Scott
Joe Papick
Mary Jane McCarty

bcc: Branch Central Files

APPENDIX B

Letter to Hospital Administrators

Texas Department of Human Services

John H. Winters Human Services Center • 701 West 51st Street
Mailing Address: P.O. Box 2960 • Austin, Texas 78769

COMMISSIONER
MARLIN W. JOHNSTON

BOARD MEMBERS
[illegible]
[illegible] Houston
JOE D. GARZA
Corpus Christi
SIDNEY SMITH
Dallas

Dear Hospital Administrator:

The purpose of this letter is to request that your facility designate an individual for the Texas Department of Human Services (DHS) Child Protective Services to contact in the event that DHS receives a report alleging medical neglect of a child with life threatening disabling conditions. As you probably know, state child protective service agencies are now required by P.L. 98-457 and federal regulation, 45 CFR part 1340 (commonly referred to as "Baby Doe Regulations") to conduct an investigation should such allegations be made. We are also mandated by these federal regulations to annually ask you to designate a contact person within your facility. Child Protective Services will rely on your contact person for purposes of coordination, consultation and notification.

Attached is a form for you to provide us with the name, title, address and telephone number for one or more contact persons from your facility. Please complete this form and return to the address listed at the bottom of the form within 30 days.

Also attached for your information is a copy of the Department's written procedures for conducting investigations of allegations of medical neglect. We would like to emphasize that the focus of an investigation for such cases is to make sure that the parents or other caretakers authorized to consent to medical treatment have been provided with all reasonably available information regarding possible medical treatment or resources for the child.

If you have any questions or concerns about the designation of a contact person, or our written procedures, please contact Ms. Mary Jane McCarty at (512)450-3304.

Sincerely,

James C. Marquart, Ph.D.
Assistant Commissioner
Protective Services for Families
and Children Branch
State Office 536-W

Attachments

An Equal Opportunity Employer

"Baby Doe" Contact Person(s)

Name of facility _____

Contact Persons

1. _____
Name

_____
Title

_____
Address

_____
Telephone Number

2. _____
Name

_____
Title

_____
Address

_____
Telephone Number

Comments:

_____

_____

_____

_____

_____

Please return this form to:
Ms. Mary Jane McCarty
Texas Department of Human Services (538-W)
P. O. Box 2960
Austin, Texas 78769

Procedures for Handling Reports Alleging Medical Neglect of Disabled Children with Life Threatening Conditions

A. Reports Not Involving Allegations Against the Medical Facility or Personnel

If the Texas Department of Human Services (DHS) receives a report alleging medical neglect by parents or other similar caretakers, but there are no allegations against the medical facility or medical personnel, the investigation must be conducted in compliance with all rules and management policies contained in the Child Protective Services Handbook (CPS). No special procedures are required for the investigation of these reports.

B. Reports Involving Allegations Against the Medical Facility or Personnel

As defined by federal regulations (45 CFR, Subpart A, Section 1340.15), medical neglect includes the withholding of medically indicated treatment, including the failure to respond to life threatening conditions by providing treatment (including appropriate nutrition, hydration and medication) which, in the treating physician's reasonable medical judgement, will be most likely to be effective in ameliorating or correcting all such conditions. Medical neglect does not include the failure to provide treatment (other than appropriate nutrition, hydration or medication) if:

1. The child is chronically or irreversibly comatose.

2. The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child's life threatening conditions, or otherwise be futile in terms of the survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

If DHS receives a report alleging medical neglect consistent with the above definition and involving allegations against the medical facility or medical personnel, **the focus of the investigation is to make sure that the parents or other caretakers authorized to consent to medical treatment have been provided with all reasonably available information regarding possible medical treatment or resources for the child.**

In addition to following all other investigation requirements contained in the CPS Handbook, if DHS receives a report that involves allegations against medical personnel, the following procedures must be followed:

1. Notify by telephone within one working day, the Protective Services for Families and Children Branch, in State Office of any report involving allegations of medical neglect against a medical facility or personnel. At the end of the investigation, submit by mail a copy of the intake and investigation narrative.

2. Contact the Child Abuse Hotline to determine if the medical facility has provided the Department with the name, title and telephone number of a designated contact person for such cases.

3. Contact the designated contact person for the medical facility in order to coordinate the investigation. If the medical facility has not designated a contact person, coordination contacts must be made with the Hospital Administrator and Chief of Staff.

4. Determine if the facility has an Infant Care Review Committee or similar committee set up to review ethical decision making regarding medical treatment. If the facility has such a committee, request that the committee review the child's circumstances.

5. Request that the facility allow access to medical records and/or other pertinent information if such access appears necessary to assure an appropriate investigation. Access to medical records may be sought by requesting the parents to authorize the release of records.

6. If an independent medical examination appears necessary to assure an appropriate resolution of a report of medical neglect, staff must determine whether an independent medical opinion is available. Resources for payment of such an examination include the parents (directly or through insurance), medical schools or other community medical resources, county funds or Title IV-B funds. Staff may obtain the authority for an independent medical examination by seeking a court order under Section 34.05(c) of the Texas Family Code.

7. If legal proceedings appear necessary to prevent the withholding of medically indicated treatment, rules and policies contained in the CPS Handbook must be followed.

State Office staff are available for consultation in regard to any of the above procedures and for individual cases.

APPENDIX C

Interagency Agreement

Contract Number _____

THE STATE OF TEXAS

INTERAGENCY COOPERATION CONTRACT

COUNTY OF TRAVIS

THIS CONTRACT AND AGREEMENT is entered into by and between the State agencies shown below as Contracting Parties, pursuant to the authority granted and in compliance with the provisions of "The Interagency Cooperation Act", Article 4413 (32) V.C.S.

I. CONTRACTING PARTIES:

The Receiving Agency: Texas Department of Human Services

The Performing Agency: The University of Texas at Arlington VID # 37147147146000
Human Resource Center

II. STATEMENT OF SERVICES TO BE PERFORMED: (See instructions on Page 4)

Planning, coordinating, and handling all conference logistics and activities for a conference regarding "Baby Doe" regulations. The conference will be held November 7-8, 1986 in Irving, Texas. Planning, coordinating and handling all conference activities will include leading a planning committee, contracting with speakers, hotel, and services for computer data processing of mailing lists/labels, arranging for brochures, conference materials, registration, and all other conference logistics.

III. BASES FOR CALCULATING REIMBURSABLE COSTS: (See instructions on Page 4).

Conference brochures	$ 700.00
Postage	1000.00
Graphics mailers	1000.00
Materials reproduction	2000.00
Audio visual equipment rental	1000.00
Transportation, food, and lodging for presenters	4800.00

(continued on back)

IV. CONTRACT AMOUNT:

The total amount of this contract shall not exceed: $20,000.00 (Twenty Thousand dollars)
(Words and figures)

V. PAYMENT FOR SERVICES: (See instructions on Page 4)

Receiving Agency shall pay for services received from appropriation items or accounts of the Receiving Agency from which like expenditures would normally be paid, based upon vouchers drawn by the Receiving Agency payable to Performing Agency.

Payments for service performed shall be billed monthly
(Weekly, monthly, lump sum, etc)

Payments received by the Performing Agency shall be credited to its current appropriation item(s) or account(s) from which the expenditures of that character were originally made.

Form PGSC - 400 9-1-78

SCHEDULE A

II. STATEMENT OF SERVICES TO BE PERFORMED: (Continued from Page 1)

III. BASES FOR CALCULATING REIMBURSABLE COSTS: (Continued from Page 1)

Speakers fees	$2500.00
*Conference coordinators consultation fees, 200 hours @ $35 per hour	7000.00

*Note: It is understood that The University of Texas at Arlington will provide as many hours of consultation as is necessary to deliver this conference.

Transfer between line items will be allowed without prior approval from the Department of Human Services Program Specialist, if the transfer does not result in a cumulative increase or decrease of $2000.00 or more.

VI. TERM OF CONTRACT:

This Contract is to begin August 29, 1986 and

shall terminate January 31, 1987 (Term of Contract cannot transcend the biennium.)

THE UNDERSIGNED CONTRACTING PARTIES do hereby certify that, (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the affected agencies of State Government, (2) the proposed arrangements serve the interest of efficient and economical administration of the State Government, and (3) the services, supplies or materials contracted for are not required by Section 21 of Article 16 of the Constitution of Texas to be supplied under contract given to the lowest responsible bidder.

RECEIVING AGENCY further certifies that it has the authority to contract for the above services by authority granted in Human Resource Code, Section 22.002
(Statute, Constitution, Appropriation Bill)

PERFORMING AGENCY further certifies that it has authority to perform the services contracted for by authority granted in Texas Education Code, Sec. 65.31, and Current Appropriations Act
(Statute, Constitution, Appropriation Bill)

SUBJECT TO THE APPROVAL of the State Purchasing and General Services Commission, the undersigned parties bind themselves to the faithful performance of this Contract. It is mutually understood that this Contract shall not become effective until approved by the State Purchasing and General Services Commission, and that such approval must be obtained prior to the beginning date of the Contract.

RECEIVING AGENCY	PERFORMING AGENCY
Texas Department of Human Services	The University of Texas at Arlington Human Resource Center
Name of Agency	Name of Agency
By: Marlin W. Johnston	By: [signature]
Authorized Signature	Authorized Signature
Commissioner	President
Title	Title
Date: August 29, 1986	Date: August 18, 1986

EXAMINED and APPROVED this the 29 day of August, A.D., 1986

REVIEWED BY LEGAL DIVISION GL

STATE PURCHASING AND GENERAL SERVICES COMMISSION

By: [signature]
Director, Centralized Services Division

INTERAGENCY CONTRACTS, GENERAL INSTRUCTIONS

CONTRACT PREPARATION AND SUBMISSION FOR APPROVAL

1. Services amounting to Three Hundred Fifty Dollars ($350.00) or more must be in writing on State Purchasing and General Services Commission Form PGSC 400.* Prior approval by the State Purchasing and General Services Commission, before the effective date, is required.

2. An original and two copies of the proposed contract, properly executed by the contracting agencies, must be submitted to the State Purchasing and General Services Commission. Upon approval, the State Purchasing and General Services Commission will execute and number the three documents and forward one copy to each contracting agency.

3. Paragraph II. The kinds and amounts of service to be rendered must be specifically listed and in sufficient detail to clearly describe the services contracted for.

4. Paragraph III. A basis for calculating reimbursement must be shown for each of the kinds of services listed in Paragraph II — "Statement of Services to be Performed", such as services of employees, services of materials, or services of equipment.

5. Paragraph V. All vouchers for reimbursement must be submitted on the Comptroller's Purchase Voucher Form 6-1.01 by the performing agency, and must be submitted to and approved by the State Purchasing and General Services Commission before payment, regardless of funds used. Voucher statements must coincide with or "match up" with each of the items of contract services listed in Paragraph II.

*INTERAGENCY SERVICES AMOUNTING TO LESS THAN THREE HUNDRED FIFTY DOLLARS ($350.00)

An interagency service amounting to less than Three Hundred Fifty Dollars ($350.00) does not require a written Contract or advance approval by the State Purchasing and General Services Commission. However, the reimbursement voucher must be processed through the State Purchasing and General Services Commission, itemizing the services performed and containing this statement:

"Interagency services performed as authorized in Article 4413 (32), Sec. 4, V.C.S."

MEMORANDUM

Mary Jane McCarty

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: "Baby Doe" Training, June 24 -25, 1986; Designate Two Staff to Attend by June 6, 1986

APPENDIX D

TO: Regional Directors for Families and Children

FROM: Agenda for "Baby Doe" Training

James C. Marquart
Assistant Commissioner
Protective Services for Families and Children Branch
State Office 538-W

DATE: May 27, 1986

PSA # 86-030

The purpose of this memorandum is to request that you designate two staff to attend "Baby Doe" training in Austin, to be held June 24 - 25, 1986 at the John H. Winters Building, 701 West 51st Street, in Classroom 2.

The training and your staff's travel and per diem will be paid through 93-247 funds. These funds are one-time funds from the Department of Health and Human Services for state Child Protective Services agencies to use in implementing the "Baby Doe" regulations. Staff who you designate to attend should be your regional contact person for "Baby Doe" and one other staff person, preferably a hospital liaison specialist, Human Services Specialist or other staff at the supervisory level or above. If you have had a change in your regional contact person, please designate one of the two who will be representing your region at this training as your new regional contact person.

The training will begin at 10:00 a.m. on June 24, 1986, and end at 12:30 p.m. on June 25, 1986. The agenda for the training is as follows:

June 24, 1986		Presentor
10:00 a.m.	History of the "Baby Doe" Regulations	Mary Jane McCarty
1:00 - 5:00 p.m.	Common Disabling Conditions of Newborns and Infants	Joseph Warshaw, M.D.
June 25, 1986		
8:30 a.m. - 12:30	Medical Ethics and Decision Making Processes	Tom Murray, Ph.D.

During the week of June 8, 1986, we will be sending to your staff who will attend this training a packet of materials for their review prior to the actual training. While the training focuses on "Baby Doe" issues, we believe that the content will be very applicable to Child Protective Services in

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general. We are very pleased with being able to contract with Dr. Warshaw and Dr. Murray. Dr. Warshaw is Chairman of Pediatrics for the University of Texas Health Science Center at Dallas, and formerly has worked at Harvard, Yale and Oxford Universities. Dr. Murray is an Associate Professor with the Institute for Medical Humanities at the University of Texas Medical Branch in Galveston, and Dr. Murray is published and nationally recognized as an authority on "Baby Doe". Both Dr. Warshaw and Dr. Murray have expressed an interest that the training allow for individual and group participation by the trainees.

Please contact Ms. Mary Jane McCarty by June 6, 1986 with the names of your staff who will attend the training. If you have any questions about the designation of staff or the training, please call Ms. McCarty at (512) 450-3304 or STS 887-3304.

Thank you.

James C. Marquart

ACTION REQUIRED: Designate by June 6, 1986 two staff to attend training

cc: Verna Mainprize 500-W
Regional Administrators
Bennie Stasny 700-W
Thomas Owens 509-E
Don Kay 170-W
John Laser 516-W
Jan Huber 432-W
Diane Scott 538-W
David Brock 537-W
Fred Robertson 536-W
Joe Papick 538-W
Mary Jane McCarty 538-W

INQUIRIES: Mary Jane McCarty
(512) 450-3304
STS 887-3304